



## PRIVATE ALARM BUSINESS LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

**DEFINITION:** Alarm business means any person engaged in the selling, leasing, renting, installing, monitoring, servicing, altering, moving or causing any alarm system to be sold, leased, rented, installed, monitored, serviced or altered in or on any building, place of business, structure, residence or other facility. Included in this definition are holders of alarm system contracts.

**LICENSE PERIOD:** 2-year period expiring on December 31 in odd-numbered years.

**APPLICATION:** Complete, sign and return application to City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

**SIGNATURES REQUIRED:** Signature of the individual, a partner, the agent or officer of a corporation, or the agent or member of a LLC are required.

### **REQUIREMENTS:**

- The \$250 license fee **must be submitted with application**. Make checks payable to: City of Milwaukee. If the application is not issued, \$125 will be refunded upon request.
- All applicants not maintaining a place of business in the state of Wisconsin shall continuously maintain a registered office and an agent in the state of Wisconsin for process, notice or demand required and permitted by law to be served on foreign corporations.
- Alarm businesses which provide to alarm users alarm monitoring services for the receiving of burglary alarm messages are required to provide to alarm users a private first responder service that verifies, in the case of an activated burglary alarm, that an attempted or actual crime has occurred at the alarm site before the alarm signal is transmitted to the police department.

- Additional requirements are provided in s. 105-75-14 of the Milwaukee Code of Ordinances.

**Applications submitted without the required fee or notarized signatures will be returned.**

**FINGERPRINTS:** An individual applicant and all partners of a partnership whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. This requirement shall apply only to the agent of a Corporation, Non-Profit Organization or LLC. Report to the Police Administration Building, 951 N. James Lovell St. (7<sup>th</sup> St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

**REPORT CHANGES:** Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 5 days of the change. A change of agent requires fingerprinting of the new agent within 10 days of the change.

**GRANTING OF LICENSES:** The Common Council on recommendation of the Public Safety Committee grants licenses. Please allow 5-6 weeks for processing. If a license is not granted, a portion of the license fee shall be returned to the applicant in the amount of \$125.

Ordinances regulating private alarm businesses are located in s. 105-75, MCO, and may be viewed online at

<http://www.milwaukee.gov/ordinances>,  
or purchased from the  
Legislative Reference Bureau  
in City Hall, Room B-11.



# PRIVATE ALARM BUSINESS APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)  
☐ Corporation, LLC or LP (Fill out Section B, C, D & E)

<b>A</b>	<b>INDIVIDUAL OR PARTNERSHIP:</b>	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
<b>B</b>	<b>Business Name:</b>	
	Business Phone Number: (     )     -	
	Business Address (include City, State, Zip Code):	
	List all services offered by the business (Note: <i>Alarm businesses which provide to alarm users alarm monitoring services for the receiving of burglary alarm messages are required to provide to alarm users and list on new and renewal private alarm business license applications a private first responder service that verifies, in the case of an activated burglary alarm, that an attempted or actual crime has occurred at the alarm site before the alarm signal is transmitted to the police department.</i> )	
	<b>Complete the following if applicant does not have a Wisconsin location:</b> Registered Wisconsin Agent Name (Last, First & Middle Initial):  Registered Wisconsin Office Business Address (include City, State, Zip Code):	
<b>C</b>	<b>Full Name of corporation, limited liability company or limited partnership:</b>	
	Mailing Address, if different from business address (include City, State, & Zip Code):	
	<b>Agent:</b>	
	Full Name (Last, First & Middle Initial):	Stockholder <input type="checkbox"/> Percentage of Stock     %
	Home Address (include City, State & Zip Code):	
	Home Phone Number: (     )     -	Date of Birth:
	<b>President/Member</b>	
	<b>Vice President/Member</b>	
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
Stockholder <input type="checkbox"/> Percentage of Stock     %		
Stockholder <input type="checkbox"/> Percentage of Stock     %		

<b>C</b>	<b>Secretary/Member</b>	<b>Treasurer/Member</b>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock     %	Stockholder <input type="checkbox"/> Percentage of Stock     %
<b>C</b>	<b>List any additional stockholders owning 20% or more stock:</b>	
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock     %	Stockholder <input type="checkbox"/> Percentage of Stock     %
<b>D</b>	List all applicant convictions, including ordinance violations. Include the jurisdiction where they occurred. Do not list traffic violations: _____	
	_____	
	_____	
	_____	
	_____	
	Attach additional pages if necessary.	
<b>E</b>	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p>	
	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____ Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> <p style="text-align: right;">_____ Signature of Individual/Partner/Officer of Corp/Member of LLC</p>	

Office Use Only:

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ AD: \_\_\_\_\_ License #: \_\_\_\_\_ Granted: \_\_\_\_\_